

# Services Requiring Prior Authorization

## Personal Care Services

Prior authorization (PA) is required in the following circumstances:

- All personal care services that exceed 50 hours per calendar year, per recipient, according to Wisconsin Act 27, Laws of 1995, the biennial budget.
- All personal care hours when provided to a recipient who is also receiving private duty nursing (PDN) or respiratory care services (RCS), according to HFS 107.02(3)(e) and HFS 101.03(96m), Wis. Admin. Code.

### The 50-Hour Prior Authorization Threshold

In each calendar year, Wisconsin Medicaid allows a recipient to receive up to 50 hours of medically necessary personal care services in any combination of prior authorized or non-prior authorized hours. Once Wisconsin Medicaid has reimbursed 50 hours of personal care services or travel time in a calendar year, all subsequent hours must have PA. This is called the 50-hour PA threshold and allows sufficient time for a PA request to be processed and for providers to coordinate care if necessary. The 50-hour PA threshold is per recipient, *not* per provider.

#### *Services That Count Toward the 50-Hour Prior Authorization Threshold*

Services that count toward the 50-hour PA threshold are:

- All reimbursed personal care worker (PCW) and travel time services, whether or not the services have PA.
- The aggregate hours of PCW and travel time service for a recipient by all providers. Since it may be difficult for you to determine if another provider has already provided care, you are encouraged to obtain PA as soon as possible.

Example of the 50-hour PA threshold: You receive PA and begin providing personal care on January 1. If you submit a claim with a PA number in January for 50 hours and then subsequently submit a claim for 10 hours without PA, the claim for 10 hours will be denied because the 50-hour PA threshold has already been met.

#### *Services That Do Not Count Toward the 50-Hour Prior Authorization Threshold*

Services that do not count toward the 50-hour PA threshold are:

- Personal care supervisory visits, which do not require PA.
- Home health services, such as home health aide services, which have separate PA requirements. Refer to the Home Health Handbook for these requirements.

#### *Important Guidelines Regarding the 50-Hour Prior Authorization Threshold*

Some important guidelines regarding the 50-hour PA threshold are:

- Once Medicaid has reimbursed 50 hours of personal care or travel time for a recipient in a calendar year, all subsequent personal care services require PA.
- Medicaid will not backdate a PA due to a provider's failure to monitor the number of hours of personal care provided.
- Claims for services beyond the 50-hour PA limit will be denied if there is no PA.
- Because the number of hours that can be provided before PA is required is limited, the provider should:
  - ✓ Request PA for a recipient when the initial Plan of Care (POC) is completed.
  - ✓ Coordinate services with other agencies in situations of case sharing

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because services by all providers count toward the 50-hour limit.

- √ Request subsequent PAs before the current PA expires to avoid a lapse in service. Renewal PAs will not be backdated.

## Disposable Medical Supplies

Prior authorization is only required if the quantity of medically necessary disposable medical supplies (DMS) requested is greater than the allowed quantity as listed in the DMS Index. Some supplies are included in the reimbursement rate and are not separately reimbursable. Refer to the Covered Services section of this handbook for more information on DMS. Providers should consult their current Medicaid DMS Index for PA information and information on supplies included in the home health reimbursement rate.

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